

**Physicians Mutual Insurance Company**  
**2600 Dodge Street**  
**Omaha, NE 68131**

**Consumer Service Telephone No.** 1-800-228-9100

**Form No.** P145 WI

**First-Year Commission:** Ages: 18-54 70%    70-74 50%  
    55-59 65%    75-79 45%  
    60-64 60%    80+    35%  
    65-69 55%

**Preexisting Condition**  
**Waiting Period:** None

**Health History Requested:** Detailed health history

**Claim Payment Method:** Actual charges up to monthly benefit

**Activities of Daily Living (ADLs) Required:** 2

**Annual Premium for \$3,000/Month Nursing Home Benefit\***  
**and \$1,500/Month Home Health Care\***  
**(Optional Benefits Not Included)**

<b>3-Year Benefit Period</b>			<b>Lifetime Benefit Period</b>		
<b>Age</b>	<b>Elimination Period</b>		<b>Age</b>	<b>Elimination Period</b>	
	<b>30 Days</b>	<b>90 Days</b>		<b>30 Days</b>	<b>90 Days</b>
50	\$ 604.00	\$ 516.00	50	\$ 990.00	\$ 846.00
65	1,488.00	1,272.00	65	2,439.00	2,085.00
70	2,415.00	2,064.00	70	3,959.00	3,384.00
75	4,248.00	3,631.00	75	6,964.00	5,952.00
80	6,200.00	5,299.00	80	10,163.00	8,687.00

Premiums are based on issue age.

\*Nursing home benefit is \$3,000/month; home health care benefit is \$1,500/month.

	<b>Nursing Home Care</b>	<b>Home Health Care</b>
Monthly Benefit Amount	\$1,500 - \$12,000 per month	\$750 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
Must be met once per lifetime.		

<b>Other Benefits Included in Basic Policy</b>		<b>Optional Benefits for Additional Premium</b>
Adult Day Care	Home Modification	Guaranteed Purchase
Alternative Plan of Care	Hospice Care	Inflation Protection
Ambulance	International Coverage	Paid-up Survivor
Assisted Living Facility	Nonforfeiture Benefit	Return of Premium
Bed Reservation	Respite Care	Spousal Discount
Care Coordination	Restoration of Benefits	
Caregiver Training	Waiver of Premium	
Equipment Purchase		

**Omaha, NE 68131**

**Consumer Service Telephone No. 1-800-228-9100**

Form No. P146 WI

**First-Year Commission:**

Ages:	18-54	70%	70-74	50%
	55-59	65%	75-79	45%
	60-64	60%	80+	35%
	65-69	55%		

**Preexisting Condition**  
**Waiting Period:** None

**Health History Requested:** Detailed health history

**Claim Payment Method:** Actual charges up to monthly benefit

**Activities of Daily Living (ADLs) Required: 2**

**(Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 539.00	\$ 460.00	50	\$ 883.00	\$ 755.00
65	1,328.00	1,135.00	65	2,178.00	1,861.00
70	2,154.00	1,841.00	70	3,532.00	3,019.00
75	3,794.00	3,243.00	75	6,220.00	5,316.00
80	5,536.00	4,731.00	80	9,075.00	7,756.00

Premiums are based on issue age.

\*Nursing home benefit is \$3,000/month; home health care benefit is \$1,500/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,500 - \$12,000 per month	\$750 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
Must be met once per lifetime.		

## in Basic Policy

Adult Day Care	Home Modification
Alternative Plan of Care	Hospice Care
Ambulance	International Coverage
Assisted Living Facility	Nonforfeiture Benefit
Bed Reservation	Respite Care
Care Coordination	Restoration of Benefits
Caregiver Training	Waiver of Premium
Equipment Purchase	

### Additional Premium

Guaranteed Purchase  
Inflation Protection  
Paid-up Survivor  
Return of Premium  
Spousal Discount

**Omaha, NE 68131**

**Consumer Service Telephone No. 1-800-228-9100**

Form No. P148 WI

**First-Year Commission:**

Ages: 18-54	70%	70-74	50%
55-59	65%	75-79	45%
60-64	60%	80+	35%
65-69	55%		

**Preexisting Condition**  
**Waiting Period:** None

**Health History Requested:** Detailed health history

**Claim Payment Method:** Actual charges up to monthly benefit

**Activities of Daily Living (ADLs) Required: 2**

**(Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 449.00	\$ 384.00	50	\$ 737.00	\$ 630.00
65	1,108.00	947.00	65	1,816.00	1,552.00
70	1,798.00	1,536.00	70	2,947.00	2,519.00
75	3,165.00	2,705.00	75	5,189.00	4,435.00
80	4,618.00	3,947.00	80	7,571.00	6,471.00

Premiums are based on issue age.

\*Nursing home benefit is \$3,000/month.

	<b>Nursing Home Care</b>	<b>Home Health Care</b>
Monthly Benefit Amount	\$900 - \$9,000 per month	\$0 - \$9,000 per month
Benefit Period	1, 2, 3, 4, 5, 8 years or lifetime	1, 2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

### Other Benefits Included in Basic Policy

- Ambulance
- Assisted Living Facility
- Bed Reservation
- Care Coordination
- Caregiver Training
- Home Modification
- Nonforfeiture Benefit
- Waiver of Premium

### Optional Benefits for Additional Premium

- Adult Day Care
- Alternative Plan of Care
- Equipment Purchase
- Guaranteed Purchase
- Hospice Care
- Inflation Protection
- Paid-up Survivor
- Respite Care
- Restoration of Benefits
- Return of Premium
- Spousal Discount